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Bib Data Sheet

CONFIRMATION NO. 6882

<b>SERIAL NUMBER</b> 09/829,306	<b>FILING DATE</b> 04/09/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 13722-178
<b>APPLICANTS</b> Carl A. Caspers, Avon, MN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/325,297 06/03/1999 <i>Will be now AEN</i> AND A CIP OF 09/534,274 03/23/2000 <i>6554868 Will be</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/14/2001</b>				
<b>Foreign Priority claimed</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>35 USC 119 (a-d) conditions met</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <b>Verified and Acknowledged</b>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 25862				
<b>TITLE</b> Osmotic membrane and vacuum system for artificial limb				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	